DEPARTMENT OF HEALTH AND FAMILY SERVICES **STATE OF WISCONSIN**
Division of Health Care Financing
HCF 11052 (Rev. 08/03)

WISCONSIN MEDICAID
STAT-PA ORTHOPEDIC SHOES WORKSHEET

The provider is required to enter all information for each category in the spaces provided. The Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system will ask for the following information in the order listed below.

Name — Recipient

Prior Authorization Number
(The STAT-PA system will indicate the seven-digit PA number at the end of the transaction. Record the number here.)

STAT-PA REQUIRED INFORMATION

Wisconsin Medicaid Provider Number
Enter the provider's eight-digit Medicaid provider number.

Recipient Medicaid Identification Number
Enter the recipient's ten-digit Medicaid number. This can be found on the Medicaid Forward card.

Procedure Code of Product Requested
Enter **one** requested procedure code per STAT-PA request. For touch-tone telephone users, the code will be entered as follows:
L3216 = *53 3 2 1 6 L3221 = *53 3 2 2 1 A5500 = *21 5 5 0 0

Diagnosis Code _____
Use the recipient's *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) three- to six-digit diagnosis code. The decimal point for diagnosis codes is not required; however, all digits of the code must be entered.

Place of Service Code ____
The place of service codes for orthopedic shoes may be "**05**" (Indian Health Service Free-Standing Facility), "**06**" (Indian Health Service Provider-Based Facility), "**07**" (Tribal 638 Free-Standing Facility), "**08**" (Tribal 638 Provider-Based Facility), "**11**" (Office), "**12**" (Home), "**20**" (Urgent Care Facility), "**31**" (Skilled Nursing Facility), "**32**" (Nursing Facility), "**33**" (Custodial Care Facility), "**34**" (Hospice), "**50**" (Federally Qualified Health Center), "**54**" (Intermediate Care Facility/Mentally Retarded), "**71**" (State or Local Public Health Clinic), or "**72**" (Rural Health Clinic).

Requested First Date of Service ____ ____ ____ ____ ____ ____ ____ ____
Use the eight-digit format MM/DD/YYYY. The first date of service entered may be up to 31 calendar days in the future. In the event that the STAT-PA system is unavailable at the time the shoes are provided, the PA request may be backdated up to four calendar days.

Total Number Requested ____

STAT-PA REQUEST CHECKLIST

All information must be entered for each category, both in the STAT-PA system and on this worksheet.

1. Enter the eight-digit signature date on the prescription in MM/DD/YYYY format. The prescription date cannot be more than six months in the past from the requested grant date.

   ____ ____ ____ ____ ____ ____ ____ ____

2. Has the recipient received orthopedic shoes in the past? If yes, enter "1." If no, enter "2." ____
   a. If yes, proceed to question 3.
   b. If no, proceed to question 5.

3. Did the recipient wear orthopedic shoes to the pedorthic examination? If yes, enter "1." If no, enter "2." ____
   a. If yes, proceed to question 4.
   c. If no, the provider will receive the following message: "Your prior authorization request requires additional information. Submit your request on paper with complete clinical documentation."

Continued

STAT-PA REQUEST CHECKLIST (Continued)

4. Are the recipient's current shoes in disrepair? If yes, enter "1." If no, enter "2." ____
   a. If yes, proceed to question 5.
   b. If no, the provider will receive the following message: "Your prior authorization request requires additional information. Submit your request on paper with complete clinical documentation."

5. Are the requested shoes manufactured by Drew, P.W. Minor, Markell, or Apex? If yes, enter "1." If no, enter "2." ____
   a. If yes, proceed to step 6.
   b. If no, the provider will receive the following message: "Your prior authorization request requires additional information. Submit your request on paper with complete clinical documentation."

6. Enter the Mobility Level (MBL) that best describes the recipient. ____
   MBL 1 — The recipient walks in the community with or without the assistance of another person or an assistive device (enter "1").
   MBL 2 — The recipient walks only in his or her place of residence with or without the assistance of another person or an assistive device (enter "2").
   MBL 3 — The recipient does not stand up to walk or transfer without maximum assistance or mechanical support (enter "3").

7. Enter the Diagnosis Level (DXL) that best describes the recipient. ____
   DXL 1 — The recipient has urinary incontinence or any underlying pathology that results in a flat foot (enter "1").
   DXL 2 — The recipient has diabetes with complications such as: gross foot deformity (excluding ICD-9-CM diagnosis code 250.0), history of foot ulcers, or loss of sensation (enter "2").
   DXL 3 — The recipient has gross foot deformity(ies) (enter "3").
   DXL 4 — The recipient has a chronic disorder or disability, without gross foot deformity, such as: osteoarthritis, rheumatoid arthritis, cerebral palsy, mental retardation, cerebral vascular accident, peripheral vascular disease, cardiovascular disease, diabetes without complications, plantar faciitis, Alzheimer's disease, senile dementia, multiple sclerosis, or Parkinson's disease (enter "4").

8. Enter the recipient's nine-digit Need Level (NDL) number. (Use "1" to indicate a "yes" response to the NDL or "2" to indicate "no" response to the NDL.)

Need Level (NDL)	**Response (Yes = 1, No = 2)**
NDL 1 — Are the extra depth shoes necessary for arch supports to treat flat feet?	
NDL 2 — Do extra depth shoes require replacement due to soiling from urine?	
NDL 3 — Are extra depth shoes necessary to accommodate shoe inserts that will support an orthopedic deformity (other than those in NDL 1)?	
NDL 4 — Are extra depth shoes necessary to accommodate AFO/KAFO (other than those in NDL 1)?	
NDL 5 — Does the recipient have a leg length discrepancy equal to or greater than ½ inch?	
NDL 6 — Are extra depth shoes necessary to provide support for the recipient's gross foot deformity?	
NDL 7 — Will the recipient maintain his or her MBL if orthopedic shoes are provided?	
NDL 8 — Can the recipient improve at least one full MBL if orthopedic shoes are provided?	
NDL 9 — Are mismate shoes equal to, or greater than, one full size necessary?	

Enter all nine digits of the Need Level: ____ ____ ____ . . . . . .

A PA number will be assigned at the end of the transaction. Enter the assigned PA number in the space provided at the top of the first page of this worksheet below the recipient's name.

Reset Form